

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF HEALTH AND ENVIRONMENTAL LABORATORIES
BREATH ALCOHOL UNIT

MONTHLY CERTIFIED STANDARD REPORT

Law Enforcement Agency: _____ Agency No.: _____

Instrument: Model No.: Intoxilyzer 8000 Serial No.: _____

<p style="text-align: center;">Quality Control Check</p> <p>Gas Lot # _____</p> <p>Expiration Date: _____ External Standard Check _____ % w/v</p> <p>Gas Cylinder Pressure: _____</p> <p><input type="checkbox"/> CHECK BOX IF OUT OF SERVICE <input type="checkbox"/> CHECK BOX IF <u>RETURNED</u> TO SERVICE</p> <p>Operator's Signature: _____</p> <p>Date: _____</p>
<p style="text-align: center;">Quality Control Check</p> <p>Gas Lot # _____</p> <p>Expiration Date: _____ External Standard Check _____ % w/v</p> <p><input type="checkbox"/> CHECK BOX IF OUT OF SERVICE <input type="checkbox"/> CHECK BOX IF <u>RETURNED</u> TO SERVICE</p> <p>Operator's Signature: _____</p> <p>Date: _____</p>
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Refer to Standard #2

Agency Custodian's Signature: _____ Date: _____

PLEASE RETURN AT THE END OF THE MONTH TO:
Division of Health and Environmental Laboratories
Breath Alcohol Program
1000 SW Jackson Suite 130
Topeka, Kansas 66612